

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/566122

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	1		/				
2				/			
3				/			
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49				/			
50				/			
TOTAL IND.					6		
TOTAL DEP.					12		
TOTAL CLAIMS					18		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							